CALAMON STATE CALAMON			PENSE CLAIN	Λ				nd Privacy	/			Б.		•		
Appointments Secretary Sevenates Appointments Secretary Ap	STD 262 (REV 10/92) Stateme CLAMANT'S NAME												Page 1 of 1			
Appointments Secretary ### ### ### ### ### ### ### ### ### #	John Cr	ruz									1					
PRESENCE ADMINISTRATE	POSITION				CB/ID NUMBI	ER	DIVISION OR	BUREAU					INDEX NUMB	BER		
1350 Front Street, Suite 6054 STATE Suit Diego California 92101	Appointments Secretary RESIDENCE ADDRESS						WEADQUARTERS ADDRESS									
SATE SP STATE SP STATE SP STATE SP STATE SATE												TELEPHONE NUMBER				
No.	CITY		STATE		ZIP			ont Stree	et, Suite	6034	STATE			ZIP		
No.			t				San Die	ego			Califor	nia		92101		
O										т	RANSPORTATION					
SAC	MONTH/YEAR LOCATION									CARFARE,			BUSINESS	TOTAL		
13.10 2.00pcs CC to SAC 134.95 19.00 10.00 15.00 6.00 10.70 40.00 0.00 1.00	- 4	10		LODGING				INCIDENTALS	909000000000000				E CAR USE	EXPENSE	EXPENSE	
131.10 7.00gm OC to SAC 134.93 10.00 16.00 16.170 40.00 0.00 1.00	DATE \	TIME	WERE INCURRED	 	BREAKFAST	LUNCH	DINNER	,		TYPE USED	PARKING	MILES	AMOUNT		FOR DAY	
2.110	1.31.10	7:00pm	OC to SAC				10.70	6.00			40.00)	0.00		-353.3	
22.10	2.1.10		SAC	100 page 100		10.00	18.00	6.00					0.00		168.9	
2.3.10 9.00µm SAC to OC 134.93 7.49 6.00 161.70 40.00 0.00 32 2.10.10 SAC 134.93 8.18 18.00 6.00 161.70 40.00 0.00 32 2.10.10 SAC 134.93 8.18 18.00 6.00 161.70 40.00 0.00 32 2.10.10 SAC 10 OC 134.93 8.18 18.00 6.00 161.70 87,00 0.00 0.00 12 2.10.10 SOUNT SAC to OC 7.55 12.05 161.70 87,00 0.00 0.00 22 2.10.10 SOUNT SAC TO OC 7.55 12.05 161.70 87,00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	2.2.10		SAC			,		, 6.00					0.00		149.3	
2.11.10	-2.3.10	9:00pin	SAC to OC		6,00		14.88		76 (15-tary) (10-tary)				0.00		283.5	
2.11.10 SAC 134.93 S.18 18.00 6.00 0.00 12 2.11.10 SOUTH SAC to OC 7.55 12.05 161.70 87.00 0.00 20 0.00 0.00 0.00 0.00 0.00 0.	_2.9.10	9:00am	OC to SAC			7.49		1 1	161.70		1		1		350.1	
2.11.10 8:00pm SAC to OC 7.55 12.05 161.70 87.00 0.00 22 2.11.10 8:00pm SAC to OC 7.55 12.05 161.70 87.00 0.00 0.00 0.00 0.00 0.00 0.00	2.10.10		SAC	134.93		8.18		,								
SUBTOTALS 674 65 6.00 \$1.62 73.63 30.00 646.80 0.00 258.00 0 0.00 0.00 COLUMN CODE (ACCTG USE ONLY) CLAIM TOTAL PURPOSE OF TRIP, REMARKS AND DETAILS (Altach receipts when required) 1. 31. 10 - 2.3.10 Staff meetings, sign time with GAS, and meetings with potential appointees. 2. 9.10 - 2.11.10 Appointments sign time with GAS, meetings with staff, interviews. PRIVATE VEHICLE LICENSE NUMBER MILEAGE RATE CLAIMED 0.445 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NAMERS PRIVATE VEHICLE LICENSE NUMBER WILEAGE RATE CLAIMED 0.445 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NAMERS PRIVATE VEHICLE LICENSE NUMBER WILEAGE RATE CLAIMED 0.445 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NAMERS PRIVATE VEHICLE LICENSE NUMBER WILEAGE RATE CLAIMED 0.445 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NAMERS AMAGED AMAGED DATE 2 / 18/10		8-00mm	SAC to OC			,	/		161.70		· · · · · · · · · · · · · · · · · · ·				167.1	
SUBTOTALS G74.65 G.00 51.62 73.63 30.00 G46.80 0.00 258.00 0 0.00 0.00 COLUMN CODE (ACCTG- USE ONLY) CLAIM TOTAL CLAIM	2.2	eroop				,,,,,,	12.0.		1011.0		67,00				268.3	
SUBTOTALS 674.65 6.00 51.62 73.63 30.00 646.80 0.00 258.00 0.00 0.00 0.00 COLUMN CODE (AGCTG: USE ONLY) CLAIM TOTAL PURPOSE OF TRIP, REMARKS AND DETAILS (Altach receipts when required) 1.31.10 - 2.3.10 Staff meetings, sign time with GAS, and meetings with potential appointees. 2.9.10 - 2.11.10 Appointments sign time with GAS, meetings with staff, interviews. PRIVATE VEHICLE LICENSE NUMBER MILEAGE RATE CLAIMED 0.445 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHICK NUMBER 2/18/10 DATE SIGNATION OF AUGUST 1998 SIGNATION OF AUGUST 1998 DATE 2/18/10															0.0	
SUBTOTALS 674.65 6.00 51.62 73.63 30.00 646.80 0.00 258.00 0.00 0.00 0.00 0.00 COLUMN CODE (ACCTG. USE ONLY) CLAIM TOTAL PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required) 1.31.10 - 2.3.10 Staff meetings, sign time with GAS, and meetings with potential appointees. 2.9.10 - 2.11.10 Appointments sign time with GAS, meetings with staff, interviews. MILEAGE RATE CLAIMED 0.445 AGENCY ACCOUNTING OFFICE USE ONLY PAD BY REVOLVING FINCE OFFICE USE ONLY PAD BY REVOLVING FINCE OFFICE ACTION TO THE SIGNATURE OF TH															0.00	
SUBTOTALS 674.65 6.00 51.62 73.63 30.00 646.80 0.00 258.00 0 0.00 0.00 COLUMN CODE (ACCTG: USE ONLY) CLAIM TOTAL CURPOSE OF TRIP, REMARKS AND DETAILS (Altach receipts when required) 1.31.10 - 2.3.10 Staff meetings, sign time with GAS, and meetings with potential appointees. 2.9.10 - 2.11.10 Appointments sign time with GAS, meetings with staff, interviews. PRIVATE VEHICLE LICENSE NUMBER MILEAGE RATE CLAIMED 0.445 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING PLING CHECK NUMBER DATE DATE SIGNATIVE OF THE SIGNATURE O								-							0.00	
SUBTOTALS 674.65 6.00 51.62 73.63 30.00 646.80 0.00 258.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00													0.00		0.00	
SUBTOTALS 674.65 6.00 51.62 73.63 30.00 646.80 0.00 258.00 0 0.00 0.00 0.00 COLUMN CODE (ACCTG. USE ONLY) CLAM TOTAL PURPOSE OF TRIP, REMARKS AND DETAILS (Altach receipts when required) 1.31.10 - 2.3.10 Staff meetings, sign time with GAS, and meetings with potential appointees. 2.9.10 - 2.11.10 Appointments sign time with GAS, meetings with staff, interviews. PRIVATE VEHICLE LICENSE NUMBER MILEAGE RATE CLAIMED 0.445 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NIMBER DATE DATE SIGNATING OF STARLE SIGNATING OF STAR													0.00		0.00	
CLAIM TOTAL CLAIM TOTAL PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required) 1.31.10 - 2.3.10 Staff meetings, sign time with GAS, and meetings with potential appointees. 2.9.10 - 2.11.10 Appointments sign time with GAS, meetings with staff, interviews. PRIVATE VEHICLE LICENSE NUMBER MILEAGE RATE CLAIMED 0.445 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER DATE SIGNATURE OF SIGNATU													0.00		0.00	
PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required) 1.31.10 - 2.3.10 Staff meetings, sign time with GAS, and meetings with potential appointees. 2.9.10 - 2.11.10 Appointments sign time with GAS, meetings with staff, interviews. PRIVATE VEHICLE LICENSE NUMBER MILEAGE RATE CLAIMED 0.445 AGENCY ACCOUNTING OFFICE USE ONLY PARD BY REVOLVING PURO. CHECK NUMBER California If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754 DATE SIGNATING OF STATES SIGNATING OF	COLUMN				6.00	51.62	73.63	30.00	646.80	0.00	258.00	0	0.00	0.00		
PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required) 1.31.10 - 2.3.10 Staff meetings, sign time with GAS, and meetings with potential appointees. 2.9.10 - 2.11.10 Appointments sign time with GAS, meetings with staff, interviews. PRIVATE VEHICLE LICENSE NUMBER MILEAGE RATE CLAIMED 0.445 AGENCY ACCOUNTING OFFICE USE ONLY PARD BY REVOLVING PURO. CHECK NUMBER California If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754 DATE SIGNATING OF STATES SIGNATING OF		CLAIM	TOTAL								17	30	00	- \$1-7/	10-70-	
PRIVATE VEHICLE LICENSE NUMBER MILEAGE RATE CLAIMED 0.445 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER DATE DATE DATE DATE SIGNATURE OF ACCOUNTING OFFICE SIGNATURE OF	PURPOSI			DETAILS	(Attach red	eipts whe	n required)				NORMAL			10.70	
MILEAGE RATE CLAIMED 0.445 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754 DATE SIGNATURE OF SERVICE AUXILIARY FOR SIGNATURE OF SERVICE AU	1.31.10 -	- 2,3.10	Staff meetings, si	ign time v	with GAS	S, and m	eetings v	with poter	ntial app	ointees.						
AGENCY ACCOUNTING OFFICE HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0763 and 0754 DATE DATE SIGNATURE OF AUTHORISATION DATE 2/18/13	2.9.10 -	2.11.10	Appointments sig	gn time w	ith GAS	, meeting	gs with s	taff, inter	views.		•	PRIVATE	VEHICLE LIC	CENSE NU	MBER	
AGENCY ACCOUNTING OFFICE HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0763 and 0754 DATE DATE SIGNATURE OF AUTHORISATION DATE 2/18/13												MILEAGE	RATE CLAIN	MED.		
HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or preater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754 DATE SIGNATURE OF STATE OF AUTHORITY FOR										-	'					
California If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or paticles according to the cost of the operating the vehicle was equal to or paticles according to the cost of the operating the vehicle was equal to or paticles according to the cost of the operating the vehicle was equal to or paticles according to the cost of the operating the vehicle was equal to or paticles according to the cost of the operating the vehicle was equal to or paticles according to the cost of the operating the vehicle was equal to or paticles according to the cost of the operating the vehicle was equal to or paticles according to the cost of the operating the vehicle was equal to or paticles according to the cost of the operating the vehicle was equal to or paticles according to the cost of the operating the vehicle was equal to or paticles according to the cost of the operating the vehicle was equal to or paticles according to the cost of the operating the vehicle was equal to or paticles according to the cost of the operating the vehicle was equal to or paticles according to the cost of the operating the vehicle was equal to or paticles according to the cost of the operating the vehicle was equal to or paticles according to the cost of the operating the vehicle was equal to or paticles according to the cost of the operating the vehicle was equal to or paticles according to the cost of the operating the vehicle was equal to or paticles according to the cost of the operating the vehicle was equal to or paticles according to the cost of the operating the vehicle was equal to or paticles according to the cost of the operation to th												AGEN	CY ACCOL	INTING C	FFICE	
preater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754 DATE SIGNATURE OF AUXILIARIES OF AUXILIA	HEREBY C	ERTIFY, The	It the above is a true state	ment of the tra	avel expense:	s incurred by	me in accord	dance with DF	'A rules in th	e service of l	he State of		USEC	NLY		
DATE SIGNATURE OF AUXILODE VEGO.	California If	a privately o	wned vehicle was used a	nd if mileage	exceeds the r	minimum rate	e, I certify the	cost of the op	erating the v	vehicle was e	equal to or	PAIDB	Y REVOLVING FL	IND CHECK N	UMBER	
DATE SIGNATURE OF AUTHORETIES DATE 2/18/13				he requiremen	nts as prescri	bed by SAM	Sections 075	50, 0751,0752	, 0753 and 0	754		2	40	915	3	
2/18/18	_	verlicle sate	9062U IIAN IKAK DILA VI		I	DATE		SIGNATURE				"IENT	I.	ATE		
GNA IRE OF TITLE OF AUTHORITY FOR C			>			2/10/1								/	1	
IGNA RE OF TITLE OF AUTHORITY FOR J ES						711								91/2	61/0	
	IGN# IRE O	F TITLE OF A	UTHORITY FOR J	ES									0	ATE	1	

O O. O. ... O